

Please complete this registration form and mail it with your payment to:

**Papillion-La Vista Schools Foundation**

1201 Golden Gate Drive

Papillion, NE 68046

Fax: 402-898-1280

Or e-mail registration information to:

Please Print

John Erickson: [Jerickson@paplv.org](mailto:Jerickson@paplv.org)

|  |         |                  |  |
|--|---------|------------------|--|
| <b>CONTACT (Golfer 1):</b>   |         |                  |  |
| Name:  |         |                  |  |
| Team Name:   |         |                  |  |
| Contact Information:   | E-Mail  |                  |  |
| Company:   |         |                  |  |
| Address:   |         | City, State, Zip |  |
| Telephone:   |         |                  |  |
| <b>Golfer 2:</b>   |         |                  |  |
| Name:  |         |                  |  |
| Contact Information:   | E-Mail  |                  |  |
| Company:   |         |                  |  |
| Address:   |         | City, State, Zip |  |
| Telephone:   |         |                  |  |
| <b>Golfer 3:</b>   |         |                  |  |
| Name:  |         |                  |  |
| Contact Information:   | E-Mail  |                  |  |
| Company:   |         |                  |  |
| Address:   |         | City, State, Zip |  |
| Telephone:   |         |                  |  |
| <b>Golfer 4:</b>   |         |                  |  |
| Contact Information:   | E-mail: |                  |  |
| Company:   |         |                  |  |
| Address:   |         | City, State, Zip |  |
| Telephone:   |         |                  |  |
|  |         |                  |  |
| ___ Foursome   | \$      | 400              |  |
| ___ Single Slot  | \$      | 100              |  |
| ___ Presenting Sponsor   | \$      | 1,500            |  |
| ___ Flight Sponsor   | \$      | 750              |  |
| ___ Hole Sponsor   | \$      | 150              |  |
| ___ I would like to donate a prize—please contact me to make arrangements for pick up. |         |                  |  |